

# COUNTY OF LOS ANGELES

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## DEPARTMENT OF MENTAL HEALTH

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March 12, 2009

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.  
Director of Mental Health

SUBJECT: **MARCH 2009 QUARTERLY REPORT  
MENTAL HEALTH SERVICES ACT IMPLEMENTATION**

This report is the third quarterly Mental Health Services Act (MHSA) Implementation Status Report for Fiscal Year 2008-09. The information included in this report provides an update on the Department's implementation of MHSA programs and services for the months of December 2008 through February 2009.

Since the last report on December 22, 2008, the following additional MHSA activities have been or are being accomplished:

Reporting Period	MHSA Plan/Activity	Status/Accomplishments/Future Milestones
December 2008 - February 2009	MHSA Transformation Opportunities	DMH met with its network providers on January 9 <sup>th</sup> to discuss opportunities to expand existing or develop new MHSA programs in order to create a more well-rounded system of care. Over 30 providers submitted plans to transform non-MHSA funded programs or existing MHSA programs.
December 2008 - February 2009	Information and Technology (IT) Plan	The draft MHSA Information Technology (IT) Plan and supporting documents for the Board of Supervisors (Board) review were finalized in late December. On February 3 <sup>rd</sup> , the IT Plan received Board approval and was submitted to CA Department of Mental Health (CDMH). The IT Plan requests \$69.8 million to support 6 IT Projects. DMH anticipates CDMH approval of the IT plan within 60 days following submission. In the interim, DMH has begun planning for Phase II of the IT Plan to request an additional \$21.9 million of MHSA funding available to counties for information technology projects.
December 2008 - February 2009	Capital Facilities (CF) Plan	In late October, the Capital Facilities (CF) State Guidelines and the Department's Guiding Principles were shared with ad hoc committee members, volunteers, and stakeholders. Stakeholders discussed State guidelines and guiding principles in an effort to develop DMH's CF Plan principles that will guide project choices. As of February 2009, the DMH's draft CF plan is still under development.
January and February 2009	Regional Partnership	In January, DMH submitted its Workforce Education and Training (WET) Regional Partnership application for \$1.8 million to CDMH and received approval on February 24 <sup>th</sup> . DMH will receive \$600,000 per year for 3 years beginning FY 2008-09 to establish partnerships and collaborations among academic institutions, providers, consumers, parents and family members that will produce the outcomes related to workforce development needs, community practices, recovery and wellness services, etc.

*"To Enrich Lives Through Effective And Caring Service"*

Reporting Period	MHSA Plan/Activity	Status/Accomplishments/Future Milestones
December 2008 - February 2009	Workforce Education and Training (WET) Plan	CDMH continues to review DMH's WET Plan.
December 2008 - February 2009	Prevention and Early Intervention (PEI) Plan	<p>The Prevention and Early Intervention (PEI) Plan is currently in developmental stages in collaboration with stakeholders. The target date for submission of the PEI Plan to the State is June 2009. During this reporting period, the following PEI efforts/activities were accomplished:</p> <p>December 2008:</p> <ul style="list-style-type: none"> <li>Completed 15 out of 16 scheduled Community Forums.</li> <li>Completed all 8 PEI "teach-ins" to educate DMH Service Area Advisory Committees (SAACs) on evidence-based, promising, and community-defined evidence.</li> <li>DMH issued an open solicitation to local developers of Community-Defined Evidence (CDEs) practices to submit their practice(s) for review and possible inclusion in a menu of service options from which specific prevention and early intervention programs will be selected for the projects in the LAC-PEI Plan. The solicitation yielded 325 applications.</li> </ul> <p>January 2009:</p> <ul style="list-style-type: none"> <li>Conducted the 16<sup>th</sup> and final PEI Community Forum for 272 participants.</li> <li>Each SAAC established a 29-member Ad Hoc PEI Steering Committee that will develop recommendation on priority populations and PEI program strategies for their service areas based on needs assessment, key informant interviews, focus groups data profiles, and community forum data.</li> </ul> <p>February 2009:</p> <ul style="list-style-type: none"> <li>Each SAAC Ad Hoc PEI Steering Committee continued to develop recommendations for the County's PEI Plan. A 9<sup>th</sup> Ad Hoc PEI Steering Committee for Countywide Populations was formed to develop recommendations for the County's MHSA PEI Plan for six special populations (American Indians, deaf/hard-of-hearing, gay/lesbian/bisexual/transgender, juvenile justice, veterans, and countywide health plans).</li> <li>Based upon the allocation methodology approved by the MHSA Stakeholder Delegates in January 2009, DMH calculated estimated PEI fund allocations for the service areas. The estimated dollar amounts were shared with the Delegates and the steering committees in order to assist them in their PEI program selection process.</li> <li>A webcast of the "teach-in" on research-informed mental health PEI practices (based on the service area "teach-ins") was posted on the DMH PEI web site.</li> </ul>
January and February 2009	Prevention and Early Intervention (PEI) Community Program Planning Funds (CPP)	On February 20 <sup>th</sup> , CDMH approved DMH's request for \$7 million for one-time PEI Community Program Planning Funds. These funds expand the PEI community program planning for both the planning and development of PEI projects prior to the implementation of the PEI Plan. The projects include: Early Start Suicide Prevention Training, Early Start School Mental Health and Violence Prevention Training, Strategies for Suicide Prevention, Incubation Academy, Evaluation Planning, and Communications and Public Information.
December 2008 - February 2009	Prevention and Early Intervention (PEI) Early Start (ES) Plan	December 17 <sup>th</sup> , the public review and comment period for the PEI-Early Start Plan (PEI-ES) expired. January 14 <sup>th</sup> , DMH's PEI-ES Project Plan was submitted to CDMH, Oversight and Accountability Commission (OAC) for review and approval. CDMH and OAC are still reviewing the plan.



### **Full Service Partnerships (FSP)**

As of February 28, 2009, FSP authorizations increased for all age groups. The following data highlights the percentage increase in FSP authorizations for all age groups for entire Third Quarter, as well as the increase for each month reported in the quarter. This report reflects the cumulative number of authorizations for each age group.

#### **Authorization data for FSPs for all age groups is as follows:**

- **Children:** The number of available slots remained at 1,733. The total number of authorizations reported at the end of the Second Quarter was 2,291. The number of authorizations increased from the Second Quarter by 8.7%, from 2,291 to 2,490.
- **TAY:** The number of available slots remained at 1,147. The total number of authorizations reported at the end of the Second Quarter was 1,682. The number of authorizations increased from the Second Quarter by 7.4%, from 1,682 to 1,806.
- **Adult:** The number of available slots remained at 3,827. The total number of authorizations reported at the end of the Second Quarter was 4,411. The number of authorizations increased from the Second Quarter by 5.4%, from 4,411 to 4,650.
- **Older Adult:** The number of available slots remained at 289. The total number of authorizations reported at the end of the Second Quarter was 333. The number of authorizations increased from the Second Quarter by 9.3%, from 333 to 364.

The following grid outlines Third Quarter data for FSP authorizations for all age groups.

Age Group	December 2008	January 2009		February 2009		Third Quarter Totals
	# Served	# Served	% Increase from December 2008	# Served	% Increase from January 2009	% Change for Third Quarter
Child	2,358	2,416	2.5%	2,490	3.1%	5.6%
TAY	1,702	1,766	3.8%	1,806	2.3%	6.1%
Adult	4,425	4,552	2.9%	4,650	2.2%	5.1%
Older Adult	336	347	3.3%	364	4.9%	8.3%

Change in the number and percentages of FSP authorizations for all age groups from Second Quarter to Third Quarter are as follows:

Age Group	Second Quarter Totals	Third Quarter Totals	Second to Third Quarter Change in # Authorized	Second to Third Quarter % Change in Authorizations
	# Authorized in Second Quarter	# Authorized in Third Quarter	Change in # of Authorized	Change in % of Authorized
Child	2,291	2,490	199	8.7%
TAY	1,682	1,806	124	7.4%
Adult	4,411	4,650	239	5.4%
Older Adult	333	364	31	9.3%

### **Field Capable Clinical Services (FCCS)**

As of February 15, 2009, FCCS programs served approximately 1,842 older adults, an 11.7% increase from the 1,649 older adults served by the end of last quarter. The total number of older adults served by FCCS programs increased by 9.3% over the months studied in the Third Quarter (December 2008-February 2009).

FCCS was recently adapted to provide services to age groups other than older adults. This report outlines data collected for FCCS programs for children, TAY, and adults over the months of the Third Quarter. Subsequent reports to your Board will provide updated data on FCCS programs for these age groups.

The following grid outlines Third Quarter data for FCCS programs for all age groups.

Program	December 2008	January 2009		February 2009		Third Quarter Totals
	# Served	# Served	% Increase from December 2008	# Served	% Increase from Jan 2009	% Change for Third Quarter
FCCS-Child	31	39	25.8%	40	2.6%	29.0%
FCCS-TAY	15	39	160.0%	44	12.8%	193.3%
FCCS-A	883	1,009	14.3%	1,076	6.6%	21.9%
FCCS-OA	1,691	1,802	6.6%	1,842	2.2%	8.9%

Change in the number and percentages clients receiving FCCS services from Second Quarter to Third Quarter are as follows:

Program	Second Quarter Totals	Third Quarter Totals	Second to Third Quarter Change in # Served	Second to Third Quarter % Change in # Served
	Total Served in Second Quarter	Total Served in Third Quarter	Change in # Served	Change in % Served
FCCS-Child	No Data for Second Quarter	40	Unable to Report Change till Fourth Quarter	Unable to Report Change till Fourth Quarter
FCCS-TAY	No Data for Second Quarter	44	Unable to Report Change till Fourth Quarter	Unable to Report Change till Fourth Quarter
FCCS-A	No Data for Second Quarter	1,076	Unable to Report Change till Fourth Quarter	Unable to Report Change till Fourth Quarter
FCCS-OA	1,649	1,842	193	11.7%

To date the Department has finalized eight (8) operational agreements with various agencies, such as primary care and housing providers, to govern co-location of FCCS staff.

### **Wellness/Client Run Support Centers**

As of February 28, 2009, approximately 7,237 clients were served through Wellness/Client Run Support Centers. This is a 10.3% increase from the 6,559 clients served by the end of last quarter. The number of clients served by Wellness/Client Run Support Centers increased by 7.3% over the Third Quarter (December 2008-February 2009).

The following grid outlines Third Quarter data for Wellness/Client Run Support Centers.



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Program	December 2008	January 2009		February 2009		Third Quarter Totals
	# Served	# Served	% Increase from Dec 2008	# Served	% Increase from Jan 2009	% Change for Third Quarter
Wellness/Client Run Support Centers	6,744	6,859	1.7%	7,237	5.5%	7.3%

Change in the number and percentages of clients receiving Wellness/Client Run Support Centers services from the Second Quarter to Third Quarter are as follows:

Program	Second Quarter Totals	Third Quarter Totals	Second to Third Quarter Change in # Authorized	Second to Third Quarter % Change in Authorizations
	Total Served in Second Quarter	Total Served in Third Quarter	Change in # Served	Change in % Served
Wellness/Client Run Support Centers	6,559	7,237	678	10.3%

The next MHSA implementation status report will be submitted to your Board on Monday, June 8, 2009 and will provide Fourth Quarter data and updates to include the months of March through May 2009.

If you have any questions regarding this report, please contact me at (213) 738-4601, or your staff may contact Robin Kay, Ph.D., Chief Deputy Director, at (213) 738-4108.

MJS:RK:DM:dkh

c: William T Fujioka, Chief Executive Officer  
 Sheila Shima, Deputy CEO